APPLICATION FOR THE THOROUGHBRED SAFETY AND HEALTH AWARD FOR SMALL EMPLOYERS

Name of Establishment:				
Address:		C'	G	
Contact Person:		City State Zip Email Address:		
Phone: ()	Extension: _		Cell Phone:	
Number of Employees as of Ja	nuary 1:	(N	Aust be 50 employees or l	ess)
Collective Bargaining Agent(s)				
North American Industrial Class	ssification System: _		(4 digits)	
Product or Service:				
Annual 300 Log(s) and 300A s	igned summary attac	ched for the pas	t two years:	
Upon approval, the following	information will be	utilized to plan	your award presentation:	
Company name to be printed o	n certificate:		(Please Print)	
Union(s) if applicable:		(N) N: A	(Flease Pfint)	
Preferred location of the award ☐ At your establishment: (Pl	presentation: (check	cone)	mes)	
☐ At the Governor's Safety ar☐ At the Conference on Const				
I				as top on-site
(Print name)			(Print title)	
official certify the above info	mation to be true a	ina correct to	the best of my knowledge	; .
Signature			Date	
CHECKLIST				
☐ AWARD APPLICATION	l.			
□ 300 A				
□ 300 Logs				